STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/10/11 Facility Number: 000026 Provider Number: 155066 AIM Number: 100274820 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Edgewater Woods was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility with a basement was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 125 and had a census of	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	74 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/12/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0017 SS=E	Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 Based on observation and interview, the facility failed to ensure 3 of 4 open use areas were separated from the corridor, or met an Exception. LSC 19.3.6.1, Exception # 1, Spaces shall be permitted to be unlimited in area and open to the corridor, provided the following criteria are met: (a) The spaces are not used for	K0017	The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and to continue to provide quality	09/09/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 18.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect 2 residents observed lounging by the front Reception office, 32 residents on 100 hall and 34 residents on 300 hall as well as visitors and staff. Findings include: Based on observations on 08/10/11 during the tour between 11:15 a.m. and 3:30 p.m. with the Maintenance Supervisor, Exception # 1, requirement (c) of the Life Safety Code, Chapter 19.3.6.1 was not met as follows: The sliding glass doors installed at the front entrance Reception office were not self closing and were open to the front entrance corridor. Also, the		care. Facility corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. **Corrective action accomplished for those residents found to have been affected:** Smoke detectors will be installed in the following rooms. No other rooms were identified. 1. Front entrance reception office 2. Rehab dining room on 100 Hall 3. TV lounge room on 300 Hall The facility will install a fire sentinel on the metal rolling door that will release upon activation of the fire alarm system. The facility requested a vendor bid for this work to be completed. How the facility identified other residents having the potential to be affected: All residents residing in these areas have the potential to be affected. No other rooms were identified. Regarding the kitchen wall opening to the dining room, all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Rehab dining room on 100 hall is open to the corridor and does not have smoke detector protection. Lastly, the TV lounge room on 300 hall was open to the corridor and did not have smoke detector protection. None of the rooms had direct supervision by facility staff from a continuously staffed area such as a nurses' station. Based on interview on 08/10/11 concurrent with each observation with the Maintenance Supervisor, it was acknowledged the aforementioned rooms were open to the corridor without supervision from the nurse's station and were not protected by automatic smoke detection. 3.1-19(b) Based on observation and interview, the facility failed to provide 1 of 1 metal rolling doors between the kitchen, a hazardous area, and the corridor to close automatically with the fire alarm system to maintain a smoke resistant barrier. This deficient practice could affect 6 residents observed in the main dining room as well as visitors and staff. Findings include: Based on observation on 07/14/11 at 1:40 p.m. with the Maintenance Supervisor, the metal rolling door in the kitchen wall was		residents who eat meals in the main dining room have the potential to be affected. Systemic Changes the facility made: Future room modifications involving room openings to patient corridors will include the installation of an electrically supervised smoke detector. How the corrective action will be monitored: The Maintenance Director will monitor the installation of the smoke detectors. No other rooms were identified. The fire protection vendor will inspect the metal rolling door in dietary at least quarterly. The Quality Assurance Committee (CQI Committee) will meet at least quarterly to review any developments identified concerning Life Safety Code and make recommendations for any necessary action required. **By what date the systemic changes will be completed:** September 9, 2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	open to the dining room which was open to the corridor. Since the set of doors exiting the dining room were propped open with doorstops and would not latch into their frames the wall around the dining room is therefore, considered to be the corridor wall. The kitchen opening was protected with a rolling metal door which does not release upon activation of the fire alarm system leaving a hazardous area open to the corridor wall. Based on interview on 07/14/11 at 1:45 p.m. with the Maintenance Supervisor, it was acknowledged by the Maintenance Supervisor the rolling metal door does not close automatically upon activation of the fire alarm system and would leave the dining area unprotected. 3.1-19(b)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0018 SS=E	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 2 of 28 doors on 100 hall would latch into their frame. This deficient practice could affect 32 residents on 100 hall as well as visitors and staff. Findings include: Based on observations on 08/10/11 between 1:00 p.m. and 1:35 p.m. with the Maintenance Supervisor, the doors leading into resident room numbers 107 and 110 on 100 hall west did not latch into their frame. Based on interview on 08/10/11 concurrent with each observation with the Maintenance Supervisor, it was acknowledged the aforementioned doors would not latch into their frame. 3.1-19(b)	K0018	The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and to continue to provide quality care. The facility does have doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas that are substantial doors, such as those constructed of 1 ¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. **Corrective action accomplished for those**	09/09/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			residents found to have been affected: Doors in resident rooms 107 and 110 were adjusted and latched into their frames and all doors on the 100-Hall were re-checked and latched into their frames. **How the facility identified other residents having the potential to be affected:** All residents residing on 100-Hall have the potential to be affected. All doors on the 100-Hall were re-checked to ensure they latched into their frames. Any issues identified were immediately corrected. Systemic Changes the facility made: The Maintenance Director re-checked all resident room doors in the facility to ensure they latched into their frames. Any issues identified were immediately corrected. How the corrective action will be monitored: The Maintenance Director/Designee will check all facility doors that require latching into the frames for positive latching. Any issues identified will	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			be corrected following these checks. The Maintenance Director/Designee will conduct these checks at least monthly. The Quality Assurance Committee (CQI Committee) will meet at least quarterly to review any developments identified concerning Life Safety Code and make recommendations for any necessary action required. **By what date the systemic changes will be completed:** September 9, 2011	
K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 1. Based on observation and interview, the facility failed to ensure 1 of 1 metal rolling doors separating the kitchen, a hazardous area, from the corridor would close automatically with activation of the fire alarm system to maintain a smoke resistant barrier. This deficient practice could affect 5 residents observed in the	K0029	The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and to continue to provide quality	09/09/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	main dining room as well as visitors and staff. Findings include: Based on observation on 08/10/11 at 11:40 a.m. with the Maintenance Supervisor, the metal rolling door in the south kitchen wall was open to the dining room which was open to the corridor and inspected annually, but did not release upon activation of the fire alarm system leaving a hazardous area open to the escape route corridor. Based on interview on 08/10/11 at 11:45 a.m. with the Maintenance Supervisor, it was acknowledged by the Maintenance Supervisor the rolling metal door does not close automatically upon activation of the fire alarm system and would leave the dining area unprotected as well as the corridor. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 10 of 12 doors leading to hazardous areas such as kitchens, soiled linen rooms or rooms with combustible items were provided with self closing devices which would cause the door to automatically close and latch into the door frame. This deficient practice affects 3 residents observed in the		care. The facility does have one-hour fire rated construction and an approved automatic fire extinguishing system. **Corrective action accomplished for those residents found to have been affected:** The facility will install a fire sentinel on the metal rolling door that will release upon activation of the fire alarm system. The facility requested a vendor bid for this work to be completed. Self-closing door devices will be installed on the 10 doors referenced in the 2567. **How the facility identified other residents having the potential to be affected:** All residents who eat meals in the main dining room, who utilize the service corridor and reside on 300-Hall have the potential to be affected. Systemic Changes the facility made: The Maintenance Director re-checked all facility doors	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Main dining room, 2 residents observed on the Service corridor and 8 residents on 300 hall, as well as visitors and staff. Findings include: Based on observation on 08/10/11 during the tour between 12:31 p.m. and 3:00 p.m. with the Maintenance Supervisor, the following doors leading to a hazardous area were not provided with a door closing device: a. The south and east door leading into the kitchen. b. The Biohazard room with ten cardboard boxes on Service corridor c. The Medical supply room with fifty cardboard boxes on Service corridor d. The soiled linen room with soiled linen stored in three, thirty gallon plastic containers on Service corridor e. The Nursing supply room with five cardboard boxes on Service corridor f. The storage room with four cardboard boxes on Service corridor g. The Wheel chair room with twenty four cardboard boxes on Service corridor h. The Medical supply room with twenty cardboard boxes on Service corridor i. The nursing storage room with twenty five cardboard boxes on 300 hall j. The Business office storage room with twenty five cardboard boxes on 300 hall Based on interview on 08/10/11		leading to hazardous areas or containing combustible items. No additional doors requiring self-closing devices were identified. Self-closing door devices will be installed in any rooms converted in locations that lead to hazardous areas or contain combustible items. How the corrective action will be monitored: The fire protection vendor will inspect the metal rolling door in dietary at least quarterly. The Maintenance Director/Designee will monitor rooms requiring self-closing door devices at least quarterly and any issues identified will be corrected. The Quality Assurance Committee (CQI Committee) will meet at least quarterly to review any developments identified concerning Life Safety Code and make recommendations for any necessary action required. **By what date the systemic changes will be completed:** September 9, 2011	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	concurrent with each observation with the Maintenance Supervisor, it was confirmed the aforementioned doors leading into a hazardous area room were not equipped with a self closing device on the door. 3.1-19(b)			
K0062 SS=E	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5			
	Based on observation and interview, the facility failed to replace 13 of 230 sprinkler heads throughout the facility which had paint on the fusible link. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect the 5 residents observed in the dining area, 32 residents on 100 hall and 34 residents on 300 hall as well as staff and visitors. Findings include: Based on observations on 08/10/11 during the tour between 11:15 a.m. and 3:30 p.m. the following sprinkler heads had paint on	K0062	The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and to continue to provide quality care. Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. **Corrective action accomplished for those**	10/24/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	the fusible link: a. One sprinkler head above the metal curtain in the Main dining room b. One sprinkler head above the clock in the Main dining room c. One sprinkler head in room 113 south end of wall d. One sprinkler head in room 115 south end of wall e. One sprinkler head in room 118 south end of wall f. Two sprinkler heads in room 309 g. Two sprinkler heads in room 310 h. Two sprinkler heads in room 312 i. One sprinkler head in Social services room on 100 hall j. The Snoezelen room at the end of 300 hall has one sprinkler head on the south side of the room. Based on interview on 08/10/11 concurrent with each observation with the Maintenance Supervisor, it was confirmed the sprinkler heads located in the aforementioned rooms had paint on the fusible link. 3.1-19(b)		**residents found to have been affected:** The 13 sprinkler heads identified in the 2567 will be replaced. **How the facility identified other residents having the potential to be affected:** All residents who eat in the dining room, reside on 100-Hall and 300-Hall have the potential to be affected. Systemic Changes the facility made: The remaining sprinkler heads in the facility will be inspected by the Maintenance Supervisor and the fire protection vendor. A bid will be obtained from the fire protection vendor for the replacement of any sprinkler heads identified with paint on the fusible link. Sprinkler heads will be protected while completing ceiling/wall painting or texturing. How the corrective action will be monitored: The Maintenance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
			Director/Designee will inspect sprinkler heads semi-annually and any issues identified will be corrected. The Quality Assurance Committee (CQI Committee) will meet at least quarterly to review any developments identified concerning Life Safety Code and make recommendations for any necessary action required. **By what date the systemic changes will be completed:** Due to the volume of sprinkler heads that require inspection and the potential for additional sprinkler head replacements, the facility requests an extension of 45 days to complete this process. Facility staff will be inserviced on the facility's fire prevention and fire watch policies. October 24, 2011	
K0069 SS=E	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 1. Based on observation and interview, the facility failed to install and maintain 1 of 1 exhaust hoods used for commercial cooking equipment in accordance with the requirements of NFPA 96, 3-1 which requires listed grease filters, baffles, or	K0069	The filing of this plan of correction does not constitute an admission that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facility's	09/09/2011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	other approved grease removal devices for use with commercial cooking equipment shall be provided. Listed grease filters shall be tested in accordance with UL 1046, Grease Filters for Exhaust Ducts. Mesh filters shall not be used. This deficient practice could affect 2 residents observed in the Dining room, as well as visitors and staff. Findings include: Based on observation on 08/10/11 at 02:05 p.m. with the Maintenance Supervisor, the kitchen range hood system had mesh type filters instead of baffle type filters. Based on interview on 08/10/11 at 02:07 p.m. with the Maintenance Supervisor it was acknowledged the filters in use were mesh filters. 3.1-19(b) 2. Based on observation and interview, the facility failed to install and maintain 1 of 1 cooking facilities in accordance with the requirements of NFPA 96, 7-2.1.1 which requires a placard identifying the use of the extinguisher as a secondary backup means to the automatic fire suppression system shall be conspicuously placed near each portable fire extinguisher in the cooking area. Additionally, NFPA 10, 1998 Edition, 2-3.2 requires fire		desire to comply with the regulatory requirements and to continue to provide quality care. Cooking facilities are protected in accordance with NFPA. **Corrective action accomplished for those residents found to have been affected:** The kitchen range hood mesh filter will be replaced with a listed grease filter in accordance with UL 1046. The K class extinguisher will be relocated to the north wall of the kitchen and a placard will posted above the extinguisher. **How the facility identified other residents having the potential to be affected:** All residents who eat in the dining room have the potential to be affected. Systemic Changes the facility made: The kitchen range hood mesh filter will be replaced with a listed grease filter in accordance with UL 1046.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	extinguishers provided for the protection of cooking appliances use combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. NFPA 10, 2-3.2.1 requires a placard shall be conspicuously placed near the extinguisher which states the fire protection system shall be activated prior to using the fire extinguisher. Since the fixed fire extinguishing system will automatically shut off the fuel source to the cooking appliance, it is preferential to activate the fixed system before using a portable fire extinguisher. In this instance, the portable fire extinguisher is supplemental protection. This deficient practice could affect 2 residents, observed in the Dining room as well as visitors and staff. Findings include: Based on observation on 08/10/11 at 2:08 p.m. with the Maintenance Supervisor, there were two portable fire extinguishers in the kitchen. One, an ABC type, was conspicuously placed on the north wall of the kitchen and the second extinguisher, a K class, was not conspicuously located and lacked a placard. Based on interview on 08/10/11 at 02:10 p.m. with the Maintenance Supervisor, it was acknowledged the K class portable fire extinguisher was not conspicuously located and lacked a placard.		The K class extinguisher will be relocated to the north wall of the kitchen and a placard will posted above the extinguisher. **How the corrective action will be monitored:** The fire protection vendor will inspect the kitchen range hood at least semi-annually to ensure that hood contains a listed grease filter in accordance with UL 1046. The Maintenance Supervisor will monitor the kitchen range hood at least semi-annually and any issues identified will be corrected. The fire protection vendor will inspect the K class extinguisher at least annually. The Maintenance Supervisor/Designee will monitor the K class extinguisher at least monthly and any issues identified will be corrected. The Quality Assurance Committee (CQI Committee) will meet at least quarterly to review any developments identified concerning Life Safety Code and make recommendations for any	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155066	A. BUILDING 01 B. WING	08/10/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDGEWATER WOODS	1809 N MADISON AVE ANDERSON, IN46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	3.1-19(b)		necessary action required. **By what date the systemic changes will be completed:** September 9, 2011	